### FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

### **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all IA ETHICS AND statements and reports filed by all committees for state office must be filed PAIGN DISCLOSURE BD.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form 2012 JAN 23 PM 1: 24

COMMITTEE NAME (Must be same as on Statement of Organ	nization)	
Citizens for Freezeware	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for.	DR-2 DISCLOSURE	
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2	)Slate PAC ( 3 )Slate Party	(Rev. 12/2009) REPORT
(4)County Central Committee (5)County Candidate (6)City Candid Subdivision Candidate (8)County PAC (9)City PAC (10)School B		For Office Use Only 13345
11 ) Local Ballot issue		
CANDIDATE COMMITTEES ONLY: Candidate Name	Delitical Destr. (if earlies has	Scanned BW
Michael at Freening	Political Party (if applicable)	· ·
Office Soutant	District (if Senate or House)	Computer
Mayor Bettendort	District (II Seriate of House)	
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co		
	5653727096	20 JAN 2012
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
IAM FILING A Josef candidates	REPORT FOR (1) ELECTION	(2)NON-ELECTION YEAR.
(report date)	Indicate by #	
☐CHECK IF AMENDMENT TO REPORT DATED		ocal Committees, enter Date of Election
		con communes, error care or Erector
Check if this is final (termination) report and attach Notice of		County & Local Committees, enter County in
(You must continue to file reports until a DR-3 is filed.)		vhich Election is held
	<u>L</u>	
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the ca	al of all funds held by the	A40/51
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first	al of all funds held by the	* 460/ 51
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# For Instructions, See Back of Form

# **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Reset Form

SCHEDULE	
<b>A</b>	MONETARY
(Rev. 07/03)	RECEIPTS

CHECK	THIS	вох	IF
 AMEND	NG F	ORM	

<b>.</b>		,			
STATE CANDIDATES NOTE: NUMBER AND THE PAC CHECK DISCLOSURE BOARD.	IF A CONTRI NUMBER IN	BUTION IS RECEIVED THE DESIGNATED CO	FROM A STATE PAC (POLITICAL AC DLUMN. A LIST OF ID NUMBERS IS A	CTION COMMITTEE), LIST THE PAC IDENTI AVAILABLE FROM THE IOWA ETHICS AND	FICATION CAMPAIGI

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE INCOM
	ID#				INCO.
	CK#			\$	
	ID#			<del>//</del>	
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	CK#				
			SUB-TOTAL		

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_of\_\_\_

TOTAL (if last page of this schedule)

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
СНЕ	CK THIS BOX IF

**AMENDING FORM** 

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
	rzens fo			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/8/11	CK# Chick	I Clabon RO. Seffendor I IAS 2722	Foratrand Signage	\$/00
refrofu	CK# Bank Ck# checke	ILS Society Austernations	Ponator to tentening ty Lymphones Society- 50103 - Close balance	#361°=1
	CK#		on account and close company committees.	
	ID# CK#			
****	ID# CK#			
			SUB-TOTAL	\$ 4/0/5/
			TOTAL (if last page of this schedule)	\$46/51

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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